## STATE OF MARYLAND DEPARTMENT OF GENERAL SERVICES MINORITY CONTRACTOR UNAVAILABILITY CERTIFICATE

| 1. IT IS HEREBY CERTIFIED THAT THE FIRM OF  |                                   |                  |
|---|-----------------------------------|------------------|
| Prime Contractor Name   |                                   |                  |
| Address (Number, Street, City, State, Zip)  | , on                              | Date             |
| CONTACTED THE MINORITY BUSINESS ENTERPRISE (MBE   | Ξ),                               | Minority Name    |
| Address (Number, Street, City, State, Zip)  |                                   | willonty Marile  |
| SEEKING TO OBTAIN A BID FOR WORK/SERVICES IN RELAT  | ION TO PROJECT NUMBER             | OR PROJECT NAME  |
| 2. LIST THE TYPE OF WORK/SERVICE REQUESTED:   |                                   |                  |
| 3. INDICATE THE FORM OF BID SOUGHT  | OR THE WORK/SERVICE IN RELATION 1 | TO THE PROJECT   |
| REASON(S)   |                                   | PRINTED MBE NAME |
|   |                                   | SIGNATURE OF MBE |
|   | DATE                              |                  |
| 4. IT IS HEREBY CERTIFIED THAT THE ABOVE MINORITY PROJECTon and Name) Data ABOVE STATEMENT IS A TRUE THE ABOVE ACCOUNT OF VPROJECT. | BY THE ABOVE PRIME CONTRACTO      | DR. THE (Number  |
|   | PRINTED PRIME NAME                | _                |
|   | SIGNATURE OF PRIME                |                  |
|   | DATE                              |                  |